

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	hsp	49	6/24/00
O.I.P.E. CLASSIFIER		67713	6/29/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	xcn	7/27/01	7/27/01
	YN	8/13/01	8-15

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/10/00
2	✓	✓	10/10/00
3	✓	✓	10/10/00
4	✓	✓	10/10/00
5	✓	✓	10/10/00
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10	✓	✓	10/10/00
11	✓	✓	10/10/00
12	✓	✓	10/10/00
13	✓	✓	10/10/00
14	N	N	10/10/00
15	✓	✓	10/10/00
16	✓	✓	10/10/00
17	✓	✓	10/10/00
18	N	N	10/10/00
19	N	N	10/10/00
20	✓	✓	10/10/00
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If more than 150 claims or 10 actions  
staple additional sheet here

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